UTILITY PATENT APPLICATION  TRANSMITTAL UNDER 37 CFR 1.53(b)				ATTORNEY DOCKET 86559F-F Customer No. 01333				
3: Commissioner for				Express I	Mail La			
P.O. Box 1450				<b>F</b>			2,4	
Alexandria, VA. 22313-1450				EV293510450US 💍				
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ANTIMICROBIAL WEB FOR APPLICATION TO SURFACE				Date:	10	1-16.03	 17302 U.S. PTO 401727346	
First Named Inventor (or	Applic	ation Iden	tifier):					
David L. Patton, et al								
Enclosed are:	<del></del>						4.	
1. X Specification				6. X Assignment of the invention to Eastman Kodak Company				
2. 7 Sheet(s) of drawing(s)				7.	Certified copy of a priority			
3. X Information Disclosure Statement Under 37 CFR 1.97.				8.	<b>二</b> ·	Associate Power of Attorney		
4. Combined Declaration for	or Paten	t Application	n and Power of	Attorney:				
4a. X New 4b. Copy from a	n prior a	pplication (3	37 CFR 1.63(d)	(for continu	ation/divi	isional with Box 11 cor	npleted)	
5. Incorporation by F	Referenc	e (useable if	Box 4b is	9.	Delet	tion of Inventor(s).		
checked) The entire disclosure						attached deleting inven	tor(s) named	
which a copy of the oath or dec	laration	is supplied	under Box 4b,	in the pr		ation, see 37 CFR 1.63		
is considered as being part of the application and is hereby incor				1.33(b).				
				-identified a	polication	n, amend the specificati	on at Page 1.	
after the title, by ins	_			-ideminied d	ppnounon	i, amona ale specificati	· ·	
CROSS REFERE	NCE TO	RELATED	APPLICATIO					
Reference: filed, entitled.	is made	to and priori	ity claimed fror	n U.S. Provi	sional Ap	plication Serial No.,		
If a CONTINUING APPLIC	ATION	, check appr	opriate box and	d supply the	requisite i	information:		
11. Continuation	Divisio		Continuation-		-	rior application No: .		
12. X Please address all w	ritten co	mmunicatio	ns to Pamela R	. Crocker. P	atent Lega	al Staff,		
Eastman Kodak Con				-	_	···,		
Please Direct all tele								
The filing fee has been calcula	ted as sh	own below:						
FOR:		. FILED	NO. EXTRA	RAT	E	FEE		
BASIC FEE	00	20 -	70	10		\$ 770		
TOTAL CLAIMS INDEPENDENT CLAIMS	90	- 20 = - 3 =	70	x 18 x 86		\$ 1260 \$ 344		
MULTIPLE DEPENDENT CLAIM PRESENTED					290	\$ 0		
					TAL	\$ 2374		
				<u> </u>		-		

X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 2374

A duplicate copy of this sheet is enclosed

X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u>.

A duplicate copy of this sheet is enclosed.

Frank Pincelli/phw

Telephone: 585-588-2728 Facsimile: 585-477-4646

Attorney for Applicants Registration No. 27,370